



Form BMRS-3 Magnetic Media Transmitter Report

Rev. 6/05

**Massachusetts
Department of
Revenue**

Specify the type of data being reported: _____ Bank Match _____ 1099

For **each** tape or cartridge submitted, complete a separate Magnetic Media Transmitter Report.

Your tape or cartridge will not be processed without the Transmitter Federal Identification Number requested below.

Transmitter's name (please print or type in ink)

Transmitter Federal Identification number

Street address

Contact person

City/town

State

Zip code

Telephone number

☐ Check this box if this is a new address or if the organization's name has changed since filing its last report.

1. Period filed with this report: _____ Quarter (1, 2, 3 or 4) _____ Year

2. For Bank Match filers: indicate the reporting option chosen for the current year by your institution.

_____ Method #1 (All Accounts Method) _____ Method #2 (Matched Accounts Method)

3. Please check the information used in this filing:

Format: _____ ASCII _____ EBCDIC _____ CD (Method #1 filers only)

Density: _____ 1600 BPI _____ 6250 BPI _____ 37,871 BPI

Blocking factor (please enter): _____

Internal label: _____ IBM Standard _____ Unlabeled

4. What is the total number of payers reported? _____
If reporting for more than one payer, list the institutions by name and FID number on a separate page and attach it to this report.

5. What is the total number of payees reported? _____

6. What is the total payment amount reported? _____

7. Indicate the method used in calculating the balance of the Bank Match account information submitted to the DOR.

_____ Account balance as of the day the account tapes are compiled (Method #1) or inquiry tapes matched (Method #2).

_____ Average Daily Balance method. State the number of days used to calculate the average balance: _____

I declare that I have examined this report and to the best of my knowledge it is true, correct and complete.

Signature

Title

Date

Where to File

Bank Match Filers: Institutions electing Method #1 (All Accounts Method) must submit quarterly update files to:
Massachusetts Department of Revenue, Bank Match Project, PO Box 7045, Boston, MA 02204.

Institutions electing Method #2 (Matched Accounts Method) must submit match files to:
Massachusetts Department of Revenue, Bank Match Project, PO Box 7059, Boston, MA 02204.

Note: For information regarding **quarterly** filing under the Bank Match Project, please refer to DOR's *Bank Match Specifications Handbook*.

Form 1099 Filers: All institutions must send annual 1099 files to:
Massachusetts Department of Revenue, Bank Match Project, PO Box 7045, Boston, MA 02204.